

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **097937834**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		12					53					
4		11					54					
5		10					55					
6		11					56					
7		10					57					
8		11					58					
9		10					59					
10		11					60					
11		10					61					
12		11					62					
13		10					63					
14		11					64					
15		10					65					
16		11					66					
17		10					67					
18		11					68					
19		10					69					
20		11					70					
21		10					71					
22		11					72					
23		10					73					
24		11					74					
25		1					75					
26		1					76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	25						TOTAL DEP.					
TOTAL CLAIMS	26						TOTAL CLAIMS					

BEST AVAILABLE COPY